

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

COX 2008 COMMITTEE INC

ADDRESS (number and street)

3330 DUNDEE RD SUITE S3

☐(Check if address  
is changed)

NOROTHBROOK

IL

60062

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COX2008.COM

COMMITTEE'S FAX NUMBER

8474983989

2. DATE

M M  
0 6/ D D  
3 0/ Y Y Y Y  
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00420224

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Claremont Ruff

Signature of Treasurer

Electronically Filed by Claremont Ruff

Date

M M  
0 6/ D D  
3 0/ Y Y Y Y  
2 0 0 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
Candidate

JOHN H COX

Candidate  
Party Affiliation

REP

Office  
Sought:☐

House

☐

Senate

☒

President

State

☐

District

02

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

- (d) ☐ This committee is a  (National, State  
(or subordinate) committee of the  (Democratic,  
Republican, etc.) Party.

- (e) ☐ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee


Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

--

Type of Connected Organization:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |

Write or Type Committee Name

**COX 2008 COMMITTEE INC**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Claremont Ruff**

Mailing Address **3330 Dundee Road**

**Northbrook** **IL** **60062** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **847** - **498** - **2690**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Claremont Ruff**

Mailing Address **3330 Dundee Road**

**Northbrook** **IL** **60062** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **847** - **498** - **2690**

Full Name of Designated Agent **Claremont Ruff**

Mailing Address **3330 Dundee Road**

**Northbrook** **IL** **60062** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **847** - **498** - **2690**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP Morgan Chase Bank

Mailing Address

Clinton & Euclid

Palatine

IL

60067

CITY ▲

STATE ▲

ZIP CODE ▲